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DIET THERAPY CAREER LADDER AFSCS 62231, 62251, AND 62271.(U)
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OCCUPATIONAL SURVEY REPORT

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6 DIET THERAPY CAREER LADDER

AFSCs 62231, 62251, and 62271,

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OCCUPATIONAL SURVEY BRANCH
USAF OCCUPATIONAL MEASUREMENT CENTER
LACKLAND AFB TEXAS 78236

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PREFACE

This report presents the results of a detailed Air Force Occupational Survey of the Diet Therapy career ladder (AFSCs 62231, 62251, and 62271). The project was directed by USAF Program Technical Training, Volume 2, dated October 1976. Authority for conducting occupational surveys is contained in AFR 35-2. Computer outputs from which this report was produced are available for use by operating and training officials.

The survey instrument was developed by Chief Master Sergeant Richard A. Moon, Inventory Development Specialist. Captain Frederick B. Bower, Jr. analyzed the survey data and wrote the final report. This report has been reviewed and approved by Major Walter F. Kasper, Chief, Airman Career Ladders Analysis Section, Occupational Survey Branch, USAF Occupational Measurement Center, Lackland AFB, Texas, 78236.

Computer programs for analyzing the occupational data were designed by Dr. Raymond E. Christal, Occupational and Manpower Research Division, Air Force Human Resources Laboratory (AFHRL), and were written by the Project Analysis and Programming Branch, Computational Sciences Division, AFHRL.

Copies of this report are available to air staff sections, major commands, and other interested training and management personnel upon request to the USAF Occupational Measurement Center, attention of the Chief, Occupational Survey Branch (OMY), Lackland AFB, Texas 78236.

This report has been reviewed and is approved.

JAMES A. TURNER, JR., Col, USAF
Commander
USAF Occupational Measurement
Center

WALTER E. DRISKILL, Ph.D.
Chief, Occupational Survey Branch
USAF Occupational Measurement
Center

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SUMMARY OF RESULTS

1. Survey Coverage: The Diet Therapy job inventory was administered during the period July through October 1977. Survey results are based on responses from 360 respondents, or 70 percent of the 512 Diet Therapy incumbents assigned to the career ladder. DAFSC 62291, Food Services Superintendents, were not included in the survey analysis due to the small number of 9-skill levels supervising AFS 622X1 personnel at medical food service facilities.
2. Career Ladder Structure: The career ladder was found to be homogeneous in terms of both duties and tasks performed by respondents. Analysis revealed four major job groups involved primarily in performing diet therapy services, managing medical food service facilities, and maintaining storerooms.
3. DAFSC Differences: Based on task analysis, there were no clear differences in either task or job performance between DAFSC 62231 and DAFSC 62251 personnel. Both skill levels perform essentially the same technically oriented, nonsupervisory jobs. However, there is a major distinction between the 5-skill level jobs and those performed by 7-skill personnel. DAFSC 62271 personnel are clearly the managers in this career ladder, spending 48 percent of their time in supervisory and management duties. Their remaining time is spent performing administrative functions (15 percent), with the other 37 percent of time spent performing the more difficult tasks associated with diet therapy.
4. CONUS/Overseas Differences: Analysis of CONUS and overseas 5-skill level respondents revealed some differences in time spent on duties. Overseas respondents spent more time in therapeutic food preparation and administrative functions, while CONUS members spent more time in cleaning and maintaining food service facilities.
5. AFR 39-1 Evaluation: The current AFSC 62231/62251 and AFSC 62271 specialty descriptions are accurate reflections of the jobs within the career ladder. However, no specific mention is made of career ladder support relative to the outpatient weight control programs.
6. STS Evaluation: The STS appears up to date and complete in providing general training requirements. However, the paragraph related to cooking under field conditions seems inappropriate since this function is not mentioned in the AFR 39-1 specialty descriptions, and extremely small numbers of respondents were found to be performing related tasks.
7. Job Satisfaction: Only 40 percent of first enlistment airmen and 53 percent of second enlistment airmen responded that their job was interesting. This is appreciably less than the responses for the same enlistment groups in either direct support or medical AFSCs surveyed in 1977. This low job interest rate may represent a potential problem

area. However, 622X1 first enlistment personnel indicated an intention to reenlist in greater percentages than either of the 1977 support or medical samples.

OCCUPATIONAL SURVEY REPORT
DIET THERAPY CAREER LADDER
(AFSCs 62231, 62251, AND 62271)

INTRODUCTION

This is a report of an occupational survey of the Diet Therapy career ladder completed by the Occupational Survey Branch, USAF Occupational Measurement Center, during March 1978. The previous occupational survey of this career ladder was published in conjunction with the survey results of the Cook career ladder in October 1973.

Personnel generally enter the Diet Therapy career ladder by first attending the G3AQR62230 Cook course at Lowry AFB, Colorado, and then the J3ABR62231-2 Diet Therapy course, taught at the School of Health Care Sciences at Sheppard AFB, Texas. Upon completion of both courses, graduates are awarded the 3-skill level. Personnel are then assigned to USAF medical facilities worldwide. Currently the 622X1 career ladder is slightly imbalanced, with small personnel overages in the 7 to 12 year service groups as reported in the USAF Retraining Advisory of 14 December 1977.

In order to better understand the function of the diet therapist, mention should be made of the organizational structure of medical food service facilities. At medical facilities with operational food preparation centers, cooks (AFS 622X0) are assigned for the purpose of preparing most routine meal items. Diet therapists (622X1 personnel) do not perform routine cooking as a primary job. Instead, they are responsible for such duties as preparing routine and therapeutic diets and nourishments and performing clinical dietetics tasks. The preparation of meals within the medical food service facility is therefore a cooperative effort between both cooks and diet therapists.

This report will basically address four areas: (1) development and administration of the survey instrument; (2) the job structure found within the Diet Therapy career ladder and how this relates to skill level and experience level groups; (3) comparisons of the job structure with current career ladder documents such as the AFR 39-1 Specialty Descriptions and the Specialty Training Standard (STS); and (4) special areas of interest which were specifically requested by career ladder functional managers.

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INVENTORY DEVELOPMENT

The data collection instrument for this occupational survey is USAF Job Inventory AFPT 90-622-297. In the 1973 study, one common task list was developed which covered both the cook (622X0) and diet therapy (622X1) career ladders. In this current survey, only the diet therapy career ladder was surveyed. The diet therapy tasks from the previous task list were expanded and refined through thorough research of career ladder publications and directives, personal interviews with 32 subject matter specialists at six bases, and written reviews from 54 experienced diet therapy technicians. This process resulted in a revised inventory of 482 tasks grouped under 13 duty headings and a background section that included information about the respondents such as grade, TAFMS, duty title, and job interest.

During the period July through October 1977, consolidated base personnel offices in operational units worldwide administered the inventories to job incumbents holding DAFSC 622X1. DAFSC 62291, Food Services Superintendents, were not included in the final survey analysis. In the diet therapy ladder, incumbents who are awarded the 9-skill level may be assigned to base food service facilities rather than medical food service facilities. In actuality, very few 9-skill level slots are authorized at medical food service facilities. In this survey, responses were received from only five superintendents assigned to a medical food service activity. This small a sample is considered to be insufficient upon which to base any meaningful conclusions.

Table 1 reflects the percentage distribution, by major command, of assigned personnel in the career ladder as of 4 December 1977. Also reflected is the distribution by major command of incumbents in the final survey sample. The 360 respondents in the final survey sample represent 70 percent of the total career ladder population of 512 members.

TABLE 1

COMMAND REPRESENTATION IN THE SURVEY SAMPLE

<u>COMMAND</u>	<u>AFSC 62231/51/71</u>	
	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
SAC	25	23
TAC	22	21
ATC	11	11
MAC	10	12
AFSC	8	7
USAFE	8	8
AFLC	4	4
PACAF	4	5
AU	3	3
AAC	2	3
OTHER	<u>3</u>	<u>3</u>
TOTAL	100	100

TOTAL ASSIGNED - 512

TOTAL SAMPLED - 360

PERCENT SAMPLED - 70%

CAREER LADDER STRUCTURE

A key aspect of the occupational survey program is to examine the job structure of career ladders on the basis of what people are actually doing in the field. This analysis of actual job structure is made possible by the Comprehensive Occupational Data Analysis Programs (CODAP) where job functions are identified on the basis of the similarity in tasks performed and relative time-spent ratings. By utilizing the job structure as a starting point, it is possible to first describe the career ladder as it presently exists, and then, in turn, evaluate the pertinent career ladder documents, such as AFR 39-1 Specialty Descriptions and the Specialty Training Standard (STS).

Based on task similarity and the amount of time spent performing the tasks, the major types of jobs performed in the 622X1 career ladder can be illustrated as shown in Figure 1. These jobs are identified below. (SPL numbers are shown with each group as a cross reference to computer printed summaries provided to training officials).

- I. Menu Production/Patient Serving Personnel (SPL040, N=172)
- II. Clinical Diet Therapists (SPL041, N=28)
- III. Medical Food Service NCOICs (SPL043, N=64)
- IV. Storeroom Clerks (SPL044, N=27)

Eighty-one percent of the respondents in the sample were found to perform jobs roughly equivalent to those described in the four major groupings listed above. The remaining 19 percent of the sample included members whose jobs were somewhat dissimilar from those found within the major groupings.

Group Descriptions

The largest job group identified in the career ladder structure analysis is that of the Menu Production/Patient Serving Personnel (SPL040). Comprising 48 percent of the survey sample, this group is composed primarily of 5-skill level airmen performing mostly nonsupervisory technical tasks. Fifty-nine percent of the group's respondents are in their first enlistment. Members of this group spend an average of 77 percent of their time working in four technical duty areas as illustrated in Table 2. They are primarily responsible for the preparation and serving of routine or therapeutic meals and for cleaning and maintaining medical food service facilities. With an average paygrade of E-4, this group performs an average of 180 tasks. Their average time in the 622X1 career ladder is 42 months. A comparison of this background data with the other job groups can be found in Table 3.

FIGURE 1

DIET THERAPY CAREER LADDER STRUCTURE
AFSCs 62231, 62251, 62271

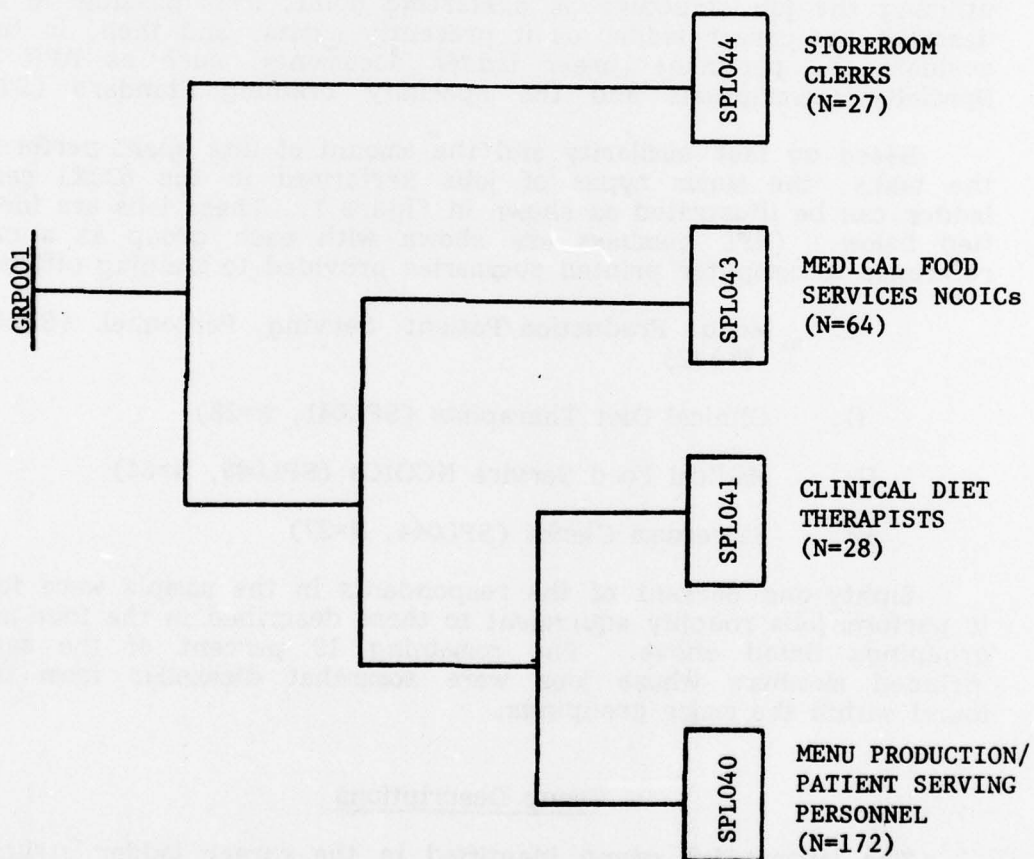


TABLE 2

PERCENT TIME SPENT ON DUTIES BY JOB TYPE GROUPS

DUTIES	MENU PRODUCTION/ PATIENT SERVING PERSONNEL (N=172)	CLINICAL DIET THERAPISTS (N=28)	MEDICAL FOOD SERVICE NCOs (N=64)	STOREROOM CLERKS (N=27)
<u>SUPERVISORY AND MANAGEMENT FUNCTIONS</u>				
A ORGANIZING AND PLANNING	2	5	18	8
B DIRECTING AND IMPLEMENTING	3	7	15	9
C INSPECTING AND EVALUATING	3	3	16	10
D TRAINING	1	1	6	1
<u>ADMINISTRATIVE FUNCTIONS</u>				
E PERFORMING ADMINISTRATIVE FUNCTIONS	5	10	18	13
<u>TECHNICAL FUNCTIONS</u>				
F PERFORMING MENU PRODUCTION	23	8	4	6
G PERFORMING THERAPEUTIC FOOD PREPARATION	19	29	6	3
H PREPARING SERVING LINES AND SERVING FOODS	16	9	2	2
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	19	6	2	9
J PERFORMING TASKS RELATED TO IN-FLIGHT FEEDING	1	2	*	*
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	6	19	9	3
L MAINTAINING STOREROOMS	2	1	4	36
M COOKING UNDER FIELD CONDITIONS	*	-	*	*

* INDICATES LESS THAN 1%.

TABLE 3

BACKGROUND INFORMATION BY JOB TYPE GROUPS

	MENU PRODUCTION/ PATIENT SERVING PERSONNEL (N=172)	CLINICAL DIET THERAPISTS (N=28)	MEDICAL FOOD SERVICES NCOs (N=64)	STOREROOM CLERKS (N=27)
AVERAGE NUMBER OF TASKS PERFORMED	180	112	149	82
AVERAGE PAY GRADE	E-4	E-4	E-6	E-5
DUTY AFSC				
62231	18	5	0	2
62251	139	16	8	18
62271	15	7	52	6
62291	-	-	2	-
NO RESPONSE	-	-	2	1
PERCENT OF MEMBERS SUPERVISING	20%	43%	89%	48%
AVERAGE TIME IN 622X1 CAREER LADDER	42 MOS	59 MOS	117 MOS	58 MOS
AVERAGE TOTAL ACTIVE MILITARY SERVICE	64 MOS	93 MOS	182 MOS	104 MOS
PERCENT OF MEMBERS IN FIRST ENLISTMENT	59%	32%	0%	19%

As indicated in Table 4, the expressed job interest and perceived utilization of talents and training is the lowest for this group. However, this is not unusual in groups with a large percentage of first enlistment airmen. Since first enlistment airmen tend to be less settled on a permanent career, they also tend to be more critical of irritants in their job. As those who are dissatisfied leave the job and those who remain adjust to these irritants, perceptions of the job usually improve. An analysis of job interest and perceived utilization of talents and training by TAFMS groups is presented later in this report.

The Clinical Diet Therapists (SPL041) perform an average of 112 tasks and spend nearly half of their time performing therapeutic food preparation and applying diet therapy and clinical nutrition. This group is also comprised mostly of 5-skill level airmen in the grade of E-4 performing primarily technical tasks and duties. However, this group is slightly more experienced, averaging 59 months in the career ladder. Only 32 percent of group members are in their first enlistment. In addition, 43 percent of respondents in this group indicated they were supervisors. Expressed job interest and perceived utilization of talents and training were slightly higher than for the Menu Production/ Patient Serving Personnel.

The Clinical Diet Therapists and Menu Production/Patient Serving Personnel, although performing in different primary areas, display a high degree of task overlap. The principal differences appear in the average number of tasks performed by each of these job groups and the amount of time spent performing in various technical duties. The Menu Production/Patient Serving Personnel, as previously mentioned, spend a great deal of time in menu production and cleaning and maintaining medical food service facilities, while the Clinical Diet Therapists spend more time in performing therapeutic food preparation and applying diet therapy and clinical nutrition. However, 39 percent of the Clinical Diet Therapists are assigned to medical facilities employing the Alladin Food Tray System. This is a system whereby routine meals are prepared and cooked at a central base food service facility and transported to the medical facility by 622X1 personnel who then warm the meals by microwave oven prior to serving. Under this system, diet therapists perform only therapeutic menu production and they have little or no medical food service facility to maintain. This may account for the large difference in the average number of tasks performed between the two job groups. It appears that both groups perform essentially the same job with only varying percentages of time spent on the different functional areas of the job. The similarity of the two groups is further evidenced by the homogeneity found when they are clustered together. One hundred and twenty-two tasks are performed by 50 percent or more of these respondents when combined.

The Medical Food Services NCOICs (SPL043) serve as the supervisors and managers of medical food service facilities. Fifty-five percent of their time is spent in the performance of supervisory and management duties. An additional 18 percent of their time is spent in

performing administrative functions. Eighty-nine percent indicate they are directly supervising subordinates. Averaging 117 months in the career ladder and a paygrade of E-6, these individuals often are responsible for performing such tasks as inspecting facilities and equipment for sanitation, developing or improving work methods, and planning work schedules. They form a very homogeneous job group, with 127 tasks performed by 50 percent or more of the group members. As indicated back in Table 4, the expressed job interest and perceived utilization of talents and training are considerably higher than that of the Menu Production/Patient Serving Personnel.

Assigned primarily to 26-bed or larger hospitals, the Storeroom Clerks (SPL044) are a group of individuals spending 36 percent of their time maintaining storerooms. Twenty-eight percent of their time is spent performing supervisory and management duties and 13 percent is spent in administrative functions. Little time is spent in performing duties directly related to patient care and feeding. Storeroom Clerks are responsible for tasks such as preparing storerooms for inventories, receiving and issuing food items, and determining subsistence purchase requirements. As indicated in Table 3, this position is usually filled by personnel with more rank and career ladder experience than is found among either the Menu Production/Patient Serving Personnel or the Clinical Diet Therapists. Only 19 percent of this job type are first enlistment personnel. Respondents in this group are much less homogeneous in terms of percent members performing tasks, with only 34 tasks being performed by 50 percent or more of the group. The job is much narrower in scope as well, with an average of 82 tasks performed.

Complete summaries of representative tasks and background information for each of the groups discussed can be found in Appendix A.

Relation of Position Titles to Job Type Groups

Respondents to the survey were asked to indicate which one of nine listed alternatives in the job inventory described their current position. Their responses by job type groups are depicted in Table 5. In examining these responses, it appears that job titles do not always reflect the kinds of tasks an individual might perform. For example, seven survey respondents in the Menu Production/Patient Serving job group described themselves as NCOICs of Medical Food Services. However, their responses to the tasks they performed placed them in a technical rather than a managerial job type. This is not to say that these individuals are not NCOICs but rather the type of job they perform is more similar to that performed by their subordinates than that performed by the other supervisors in this survey.

TABLE 4

EXPRESSION OF JOB INTEREST AND PERCEIVED UTILIZATION
OF TALENTS AND TRAINING BY JOB TYPE GROUPS
(PERCENT RESPONDING)

	MENU PRODUCTION/ PATIENT SERVING PERSONNEL (N=172)	CLINICAL DIET THERAPISTS (N=28)	MEDICAL FOOD SERVICE NCOs (N=64)	STOREROOM CLERKS (N=27)
I FIND MY JOB:				
DULL	24	18	2	15
SO-SO	25	14	9	18
INTERESTING	50	68	81	56
NOT REPORTED	1	-	8	11
MY JOB UTILIZES MY TALENTS:				
NOT AT ALL TO VERY LITTLE	40	28	9	26
FAIRLY WELL TO VERY WELL	55	61	55	63
EXCELLENTLY TO PERFECTLY	5	7	34	11
NOT REPORTED	-	4	2	-
MY JOB UTILIZES MY TRAINING:				
NOT AT ALL TO VERY LITTLE	29	22	8	18
FAIRLY WELL TO VERY WELL	63	64	53	70
EXCELLENTLY TO PERFECTLY	8	14	36	12
NOT REPORTED	-	-	3	-

TABLE 5
POSITIONS HELD BY JOB TYPE MEMBERS
(NUMBER RESPONDING)

TITLE	MENU PRODUCTION/ PATIENT SERVING PERSONNEL (N=172)	CLINICAL DIET THERAPISTS (N=28)	MEDICAL FOOD SERVICE NCOICs (N=64)	STOREROOM CLERKS (N=27)
NCOIC MEDICAL FOOD SERVICE	7	1	42	-
PATIENT TRAY SERVICE DIET THERAPIST	44	9	2	-
SHIFT LEADER	24	1	1	1
STOREROOM CLERK	5	-	1	16
SUPERVISOR, CLINICAL DIETETICS	3	5	2	1
SUPERVISOR, MENU PRODUCTION	-	1	4	-
THERAPEUTIC DIET CLERK	8	4	-	-
THERAPEUTIC DIET COOK OR SHIFT WORKER	48	1	-	1
OTHER OR NO RESPONSE	33	6	12	8
TOTAL	172	28	64	27

ANALYSIS OF DAFSC GROUPS

Jobs within the Diet Therapy career ladder represent a homogeneous grouping encompassing duties and tasks specific to the support of patient feeding within a medical facility. Table 6 depicts the percent of time spent by skill level groups on the various duties listed in the job inventory. There is clearly a differentiation between the 3- and 5-skill level technical specialists and the 7-skill level supervisors. As would be expected, those jobs requiring more supervision, management, or technical skill are performed by higher skill level personnel.

Skill Level Groups

As a group, DAFSC 62231 apprentice diet therapy specialists perform an average of 122 tasks out of 482 tasks in the inventory. Seventy percent of their time is spent performing in four duties: menu production, therapeutic food preparation, preparing serving lines and serving foods, and cleaning and maintaining food service facilities. This group is relatively homogeneous in that 17 tasks are performed by 65 percent or more of the group members (See Table 7) and 66 tasks are performed by 50 percent or more.

There appear to be no major differences in the types of jobs performed between 3- and 5-skill level diet therapists. Table 8 displays those tasks which best differentiate between the 62231 and 62251 groups. Twenty-four percent of DAFSC 62251 personnel indicated they were supervisors but only 15 percent of this group's time is spent on supervisory or management tasks. On the average, 5-skill level respondents spend 64 percent of their time in the same four duties described for the 3-skill level group. The primary tasks of both groups are to prepare and serve routine and therapeutic diets for hospital patients, and to maintain the cleanliness of their food service facilities. Tasks performed by 65 percent or more of DAFSC 62251 are listed in Table 9.

Table 6 indicates the shift at the 7-skill level from technical to supervisory functions. DAFSC 62271 personnel spend 63 percent of their time performing supervisory, management, or administrative tasks. Table 10 shows 15 tasks performed by 70 percent or more of this group. (Ninety-one tasks are performed by 50 percent or more.) Because of this shift in supervisory responsibility, there is a substantial difference in the types of tasks performed between 5- and 7-skill level respondents (See Table 11). While they perform some technical tasks, 7-skill level personnel are primarily responsible for supervising and managing the medical food service facility.

TABLE 6

PERCENT TIME SPENT ON DUTIES BY DAFSC GROUPS

DUTIES	DAFSC 62231 (N=35)	DAFSC 62251 (N=230)	DAFSC 62271 (N=95)
<u>SUPERVISORY AND MANAGEMENT FUNCTIONS</u>			
A ORGANIZING AND PLANNING	3	4	17
B DIRECTING AND IMPLEMENTING	3	6	13
C INSPECTING AND EVALUATING	2	4	13
D TRAINING	*	1	5
<u>ADMINISTRATIVE FUNCTIONS</u>			
E PERFORMING ADMINISTRATIVE FUNCTIONS	8	8	15
<u>TECHNICAL FUNCTIONS</u>			
F PERFORMING MENU PRODUCTION	20	20	6
G PERFORMING THERAPEUTIC FOOD PREPARATION	18	16	8
H PREPARING SERVING LINES AND SERVING FOODS	15	13	4
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	17	15	5
J PERFORMING TASKS RELATED TO IN-FLIGHT FEEDING	1	1	*
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	9	7	10
L MAINTAINING STOREROOMS	4	5	4
M COOKING UNDER FIELD CONDITIONS	*	*	*

* INDICATES LESS THAN 1 PERCENT

TABLE 7

TASKS PERFORMED BY 65% OR MORE OF DAFSC 62231 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
G2 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING BLAND DIETS	74
I50 DISPOSE OF TRASH	74
F6 COOK EGGS	71
H8 INITIATE PATIENT TRAY PREPARATION BY SETTING UP TRAYS OR CALLING OUT REQUIREMENTS	71
G1 CALCULATE NUMBER OR AMOUNT OF EACH ITEM TO BE PREPARED FOR REGULAR OR THERAPEUTIC DIETS	71
G4 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING DENTAL LIQUID OR DENTAL SOFT DIETS	71
G7 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING FAT RESTRICTED OR CONTROLLED FAT CHOLESTEROL DIETS	71
G3 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING CALORIE MODIFIED OR DIABETIC DIETS	71
H12 LOAD PATIENT TRAYS ONTO FOOD CARTS	71
G19 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING REGULAR HOSPITAL DIETS	69
E1 COLLECT OR MAINTAIN DIET REQUEST FORMS (AF FORM 1094)	69
I9 CLEAN FLOORS OR WALLS	66
F51 WASH OR CLEAN FRUITS AND VEGETABLES	66
G20 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING SOFT OR CLEAR AND FULL LIQUID DIETS	66
F22 MAKE COFFEE, TEA, OR COCOA	66
F19 COVER, DATE, AND STORE LEFTOVER FOOD ITEMS	66
I49 DISPOSE OF FOOD WASTES	66

TABLE 8

TASKS WHICH BEST DIFFERENTIATE BETWEEN DAFSC 62231 AND 62251 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 62231	DAFSC 62251	DIFFERENCE
C26 INSPECT PERSONNEL FOR HYGIENE, GROOMING, OR MILITARY STANDARDS	9	36	-27
G45 PREPARE OR MODIFY FOOD FOR REGULAR HOSPITAL DIETS	43	68	-25
F10 COOK HOT CEREALS SUCH AS OATMEAL	37	59	-22
C22 INSPECT FACILITIES AND EQUIPMENT FOR SANITATION	17	38	-21
C24 INSPECT FOOD BEFORE, DURING, AND AFTER PREPARATION	26	46	-20
G30 PREPARE OR MODIFY FOOD FOR CALORIE MODIFIED OR DIABETIC DIETS	49	68	-19
H13 LOAD, POSITION, OR PREHEAT DISH DOLLIES	54	38	+16
E27 PREPARE DAILY WORKSHEETS FOR REGULAR OR THERAPEUTIC DIETS	48	33	+15
H23 PREPARE SERVING LINES AND SERVE FOOD USING ASEPTIC TECHNIQUES FOR DISEASE CONTROL	51	38	+13
K8 CALCULATE FAT RESTRICTED DIETS	45	33	+12
K16 CALCULATE REGULAR CALORIE OR SODIUM MODIFIED PREGNANCY DIETS	37	25	+12
G7 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING FAT RESTRICTED OR CONTROLLED FAT CHOLESTEROL DIETS	71	60	+11
K21 CALCULATE SODIUM CALORIE RESTRICTED DIETS	40	30	+10

TABLE 9

TASKS PERFORMED BY 65% OR MORE OF DAFSC 62251 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
F22 MAKE COFFEE, TEA, OR COCOA	76
H12 LOAD PATIENT TRAYS ONTO FOOD CARTS	75
F4 COLLECT WARD DIET ORDER CHANGES AND PROVIDE THEM TO FOOD PRODUCTION PERSONNEL	74
H9 INSPECT COMPLETED PATIENT TRAYS	73
F6 COOK EGGS	73
F19 COVER, DATE, AND STORE LEFTOVER FOOD ITEMS	72
F40 PREPARE NOURISHMENTS (SNACKS)	72
G1 CALCULATE NUMBER OR AMOUNT OF EACH ITEM TO BE PREPARED FOR REGULAR OR THERAPEUTIC DIETS	71
G31 PREPARE OR MODIFY FOOD FOR DENTAL LIQUID OR DENTAL SOFT DIETS	70
G45 PREPARE OR MODIFY FOOD FOR REGULAR HOSPITAL DIETS	68
H8 INITIATE PATIENT TRAY PREPARATION BY SETTING UP TRAYS OR CALLING OUT REQUIREMENTS	68
I9 CLEAN FLOORS OR WALLS	68
G30 PREPARE OR MODIFY FOOD FOR CALORIE MODIFIED OR DIABETIC DIETS	68
G46 PREPARE OR MODIFY FOOD FOR SOFT OR CLEAN AND FULL LIQUID DIETS	67
F12 COOK PANCAKES, FRENCH TOAST, OR WAFFLES	67
H35 WRAP OR COVER INDIVIDUAL SERVINGS OR NOURISHMENTS ON PATIENT TRAYS	66
F51 WASH OR CLEAN FRUITS AND VEGETABLES	66
I50 DISPOSE OF TRASH	66
F23 MAKE GELATIN DESSERTS	66
G3 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING CALORIE MODIFIED OR DIABETIC DIETS	65

TABLE 10

TASKS PERFORMED BY 70% OR MORE OF DAFSC 62271 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING
C31 PREPARE AIRMAN PERFORMANCE REPORTS	84
C26 INSPECT PERSONNEL FOR HYGIENE, GROOMING, OR MILITARY STANDARDS	83
A8 DEVELOP OR IMPROVE WORK METHODS	80
B30 SUPERVISE DIET THERAPY SPECIALISTS (AFSC 62251)	80
C24 INSPECT FOOD BEFORE, DURING, AND AFTER PREPARATION	79
B4 COUNSEL OR DOCUMENT COUNSELING OF SUBORDINATES ON PERSONAL OR WORK RELATED PROBLEMS	79
A1 ASSIGN PERSONNEL TO INITIAL DUTY POSITIONS	79
B8 DIRECT SUBORDINATES IN MAINTAINING PERFORMANCE STANDARDS	76
A4 COORDINATE WORK ACTIVITIES WITH OTHER UNITS OR AGENCIES	75
C22 INSPECT FACILITIES AND EQUIPMENT FOR SANITATION	74
B19 ORIENT NEWLY ASSIGNED PERSONNEL	74
A33 PLAN WORK SCHEDULES	73
C8 EVALUATE OR RECOMMEND INDIVIDUALS FOR PROMOTION, UPGRADING, DEMOTION, OR DOWNGRADING	73
A11 ESTABLISH OR DEVELOP OFFICE INSTRUCTIONS (OI), STANDING OPERATING PROCEDURES (SOP), OR TASK LISTS	72
B1 ADJUST REGULAR OR THERAPEUTIC MENUS	71

TABLE 11

TASKS WHICH BEST DIFFERENTIATE BETWEEN DAFSC 62251 AND 62271 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	DAFSC 62251	DAFSC 62271	DIFFERENCE
C31 PREPARE AIRMAN PERFORMANCE REPORTS	20	84	-64
C8 EVALUATE OR RECOMMEND INDIVIDUALS FOR PROMOTION, UPGRADING, DEMOTION, OR DOWNGRADING	14	72	-58
A36 SCHEDULE LEAVES OR PASSES	13	69	-56
A4 COORDINATE WORK ACTIVITIES WITH OTHER UNITS OR AGENCIES	19	75	-56
A11 ESTABLISH OR DEVELOP OFFICE INSTRUCTIONS (OI), STANDING OPERATING PROCEDURES (SOP), OR TASK LISTS	17	72	-55
B16 INTERPRET POLICIES, DIRECTIVES, OR PROCEDURES FOR SUBORDINATES	15	68	-53
A9 DEVELOP OR REVIEW JOB DESCRIPTIONS	15	67	-52
B4 COUNSEL OR DOCUMENT COUNSELING OF SUBORDINATES ON PERSONAL OR WORK RELATED PROBLEMS	27	79	-52
H12 LOAD PATIENT TRAYS ONTO FOOD CARTS	75	24	+51
I25 CLEAN OR STORE PATIENT FOOD CARTS	62	16	+46
F22 MAKE COFFEE, TEA, OR COCOA	76	31	+45
F40 PREPARE NOURISHMENTS (SNACKS)	71	26	+45
F51 WASH OR CLEAN FRUITS AND VEGETABLES	66	21	+45
G31 PREPARE OR MODIFY FOOD FOR DENTAL LIQUID OR DENTAL SOFT DIETS	70	26	+44
F19 COVER, DATE, AND STORE LEFTOVER FOOD ITEMS	72	29	+43
F6 COOK EGGS	73	30	+43

Primary AFSC In Relation To Duty AFSC

Table 12 provides the distribution of DAFSC 622X1 personnel by primary AFSC. It is noteworthy that 20 percent of the survey respondents hold a higher primary skill level than duty skill level. In the case of DAFSC 62231 personnel, 63 percent hold a PAFSC of 62251. This factor may help to account for the small job differences noted between the 3- and 5-skill level personnel. Seventeen percent of DAFSC 62251 respondents hold a primary 7-skill level. The overages in the 7 to 12 year service groups, mentioned previously in the introduction, probably have a bearing on this statistic. The potential impact of personnel working below their skill level on the factors of job interest and perceived utilization of talents and training should also be considered. These factors are discussed later in this report.

TABLE 12

DISTRIBUTION OF DUTY AFSC 622X1 PERSONNEL BY PRIMARY AFSC

<u>DUTY AFSC</u>	<u>PRIMARY AFSC</u>					<u>TOTAL</u>
	<u>62231</u>	<u>62251</u>	<u>62271</u>	<u>62291</u>	<u>OTHER</u>	
62231	13	22	-	-	-	35
62251	6	181	39	1	3	230
62271	<u>1</u>	<u>4</u>	<u>77</u>	<u>9</u>	<u>4</u>	<u>95</u>
TOTAL	20	207	116	10	7	360

PERCENT OF MEMBERS HOLDING A HIGHER PAFSC THAN DAFSC - 20%

PERCENT OF MEMBERS HOLDING A LOWER PAFSC THAN DAFSC - 3%

ANALYSIS OF AFMS GROUPS

An analysis was also made comparing job differences among individuals grouped by time in service. Very similar conclusions to those for DAFSC groups were noted.

In looking at the job performance of first enlistment airmen (1-48 months AFMS), it was found that 93 of the 482 tasks in the job inventory are performed by 50 percent or more of the respondents. The average number of tasks performed is 131. Representative tasks for this group are displayed in Table 13. This group also uses or maintains a variety of equipment associated with the preparation and serving of meals. The equipment used by 60 percent or more of this group is listed in Table 14.

Table 15 reflects the percent time spent on duties by 622X1 personnel grouped by enlistment period. Throughout all enlistment periods, airmen tend to move into positions of greater supervisory and management responsibility as they gain time in service. The longer an individual has in service, the fewer technical tasks and duties he or she is likely to perform. The one exception for this career ladder is the duty related to applying diet therapy and clinical nutrition. With an increase in time in service comes an increased amount of time spent performing in this duty. Analysis of task difficulty revealed that applying diet therapy and clinical nutrition is the most difficult of the technical duties to perform. With this exception, the percent of time spent performing supervisory, management, and administrative duties generally increased through the first five enlistment groups. This trend was also found among DAFSC groups and was illustrated in Table 6.

As with DAFSC groups, AFMS groups are very homogeneous in terms of tasks performed. There is some diversification of tasks performed in the second and third enlistment groups, but on the average, a high degree of task commonality exists. The group with the highest number of common tasks is the 241+ AFMS group. Of a possible 482 tasks, 111 tasks are performed by 50 percent or more of this group.

TABLE 13

TASKS PERFORMED BY 67 PERCENT OR MORE OF 622X1 PERSONNEL WITH 1-48 MONTHS TAFMS

TASK	PERCENT MEMBERS PERFORMING
F6 COOK EGGS	82
H12 LOAD PATIENT TRAYS ONTO FOOD CARTS	80
F22 MAKE COFFEE, TEA, OR COCOA	80
F19 COVER, DATE, AND STORE LEFTOVER FOOD ITEMS	78
H8 INITIATE PATIENT TRAY PREPARATION BY SETTING UP TRAYS OR CALLING OUT REQUIREMENTS	77
I9 CLEAN FLOORS OR WALLS	77
G31 PREPARE OR MODIFY FOOD FOR DENTAL LIQUID OR DENTAL SOFT DIETS	77
F4 COLLECT WARD DIET ORDER CHANGES AND PROVIDE THEM TO FOOD PRODUCTION PERSONNEL	76
G1 CALCULATE NUMBER OR AMOUNT OF EACH ITEM TO BE PREPARED FOR REGULAR OR THERAPEUTIC DIETS	75
H9 INSPECT COMPLETED PATIENT TRAYS	74
G46 PREPARE OR MODIFY FOOD FOR SOFT OR CLEAN AND FULL LIQUID DIETS	74
F51 WASH OR CLEAN FRUITS AND VEGETABLES	72
G30 PREPARE OR MODIFY FOOD FOR CALORIE MODIFIED OR DIABETIC DIETS	72
F40 PREPARE NOURISHMENTS (SNACKS)	72
G45 PREPARE OR MODIFY FOOD FOR REGULAR HOSPITAL DIETS	71
I50 DISPOSE OF TRASH	71
F23 MAKE GELATIN DESSERTS	70
F12 COOK PANCAKES, FRENCH TOAST, OR WAFFLES	70
F28 MAKE SALADS OTHER THAN GELATIN SALADS	69
G29 PREPARE OR MODIFY FOOD FOR BLAND DIETS	69
G2 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING BLAND DIETS	69
G47 PREPARE OR MODIFY FOOD FOR SURGICAL ROUTINE DIETS SUCH AS GASTRECTOMY, LIQUID, OR SOFT DIETS	68
H35 WRAP OR COVER INDIVIDUAL SERVINGS OR NOURISHMENTS ON PATIENT TRAYS	68
H3 COMPLETE ASSEMBLY OF PATIENT TRAYS ON WARDS	68
I49 DISPOSE OF FOOD WASTES	68
I46 CLEAR AND CLEAN WORK TABLES AND AREAS	68
I56 WASH DISHES, POTS, OR PANS	68
F31 PREPARE CANNED FOOD	67
G3 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING CALORIE MODIFIED OR DIABETIC DIETS	67

TABLE 14

EQUIPMENT OPERATED OR MAINTAINED BY 60 PERCENT OR MORE
OF FIRST ENLISTMENT 622X1 PERSONNEL

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS OPERATING OR MAINTAINING</u>
CAN OPENERS-HAND OPERATED	84
BLENDERS	82
REFRIGERATORS-WALK IN	78
GARBAGE DISPOSALS	77
REFRIGERATORS-REACH IN	76
FREEZERS-WALK IN	75
ELECTRIC POP-UP TOASTERS	74
FREEZERS-REACH IN	73
ICE DISPENSERS	70
DEEP FAT FRYERS	68
HOT AND COLD ELECTRIC FOOD CARTS	67
BEVERAGE DISPENSERS	66
COFFEE POTS	63
SCALES-GRAM	62
CARTS-UTILITY	61
GRIDDLES	61
INSTALLED SERVING LINES	61

TABLE 15

PERCENT TIME SPENT ON DUTIES BY 622X1 AFMS GROUPS

DUTY	MONTHS TOTAL ACTIVE FEDERAL MILITARY SERVICE				
	1-48 (N=145)	49-96 (N=69)	97-144 (N=61)	145-192 (N=36)	193-240 (N=38)
<u>SUPERVISORY AND MANAGEMENT FUNCTIONS</u>					
A ORGANIZING AND PLANNING	3	5	11	13	17
B DIRECTING AND IMPLEMENTING	4	7	9	12	13
C INSPECTING AND EVALUATING	2	4	7	11	13
D TRAINING	*	1	5	5	4
<u>ADMINISTRATIVE FUNCTIONS</u>					
E PERFORMING ADMINISTRATIVE FUNCTIONS	7	9	11	14	15
<u>TECHNICAL FUNCTIONS</u>					
F PERFORMING MENU PRODUCTION	23	18	11	8	7
G PERFORMING THERAPEUTIC FOOD PREPARATION	18	15	12	11	8
H PREPARING SERVING LINES AND SERVING FOODS	15	12	7	5	4
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	17	15	9	7	5
J PERFORMING TASKS RELATED TO IN-FLIGHT FEEDING	1	1	1	*	*
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	7	7	9	9	8
L MAINTAINING STOREROOMS	3	6	8	5	6
M COOKING UNDER FIELD CONDITIONS	*	*	*	*	*

* INDICATES LESS THAN 1 PERCENT.

ANALYSIS OF CONUS/OVERSEAS DIFFERENCES

A comparison of tasks performed by 5-skill level incumbents assigned within the CONUS and those assigned overseas was made for the 622X1 career ladder. Some distinct differences in percent time spent on tasks and duties were noted.

Table 16 lists the percent time spent on each job inventory duty for both the CONUS and overseas groups. The 5-skill level incumbents overseas spend more time performing therapeutic food preparation and administrative functions while their stateside counterparts spend more time cleaning and maintaining food service facilities. The CONUS group performs an average of 135 tasks while the overseas group performs an average of 140 tasks. In addition, the overseas group averages nine more months in the career ladder and eleven more months AFMS than the CONUS group.

Table 17 shows the primary task differences between the CONUS and overseas respondents. The 5-skill level diet therapists overseas are much more involved in tasks related to inflight feeding while, as previously mentioned, 5-skill level personnel in the CONUS are more involved in tasks related to cleaning and maintaining food service facilities.

Complete summaries of representative tasks and background information for each group can be found in Appendix B.

TABLE 16

PERCENT TIME SPENT ON DUTIES BY DAFSC 62251 CONUS AND OVERSEAS GROUPS

<u>DUTY</u>	<u>DAFSC 62251 ASSIGNED TO CONUS (N=195)</u>	<u>DAFSC 62251 ASSIGNED OVERSEAS (N=34)</u>
<u>SUPERVISORY AND MANAGEMENT FUNCTIONS</u>		
A ORGANIZING AND PLANNING	4	2
B DIRECTING AND IMPLEMENTING	6	4
C INSPECTING AND EVALUATING	4	2
D TRAINING	1	1
<u>ADMINISTRATIVE FUNCTIONS</u>		
E PERFORMING ADMINISTRATIVE FUNCTIONS	8	11
<u>TECHNICAL FUNCTIONS</u>		
F PERFORMING MENU PRODUCTION	19	22
G PERFORMING THERAPEUTIC FOOD PREPARATION	15	21
H PREPARING SERVING LINES AND SERVING FOODS	13	14
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	16	10
J PERFORMING TASKS RELATED TO IN-FLIGHT FEEDING	1	3
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	7	8
L MAINTAINING STOREROOMS	6	2
M COOKING UNDER FIELD CONDITIONS	*	*

* INDICATES LESS THAN 1 PERCENT

TABLE 17

TASKS WHICH BEST DIFFERENTIATE BETWEEN CONUS AND OVERSEAS PERSONNEL HOLDING DAFSC 62251
(PERCENT MEMBERS PERFORMING)

TASKS	CONUS (N=195)	OVERSEAS (N=34)	DIFFERENCE
J4 MARK AND DATE STAMP PREPARED MEALS	12	56	-44
J2 ASSEMBLE IN-FLIGHT MEALS	10	53	-43
E25 PREPARE COOKED THERAPEUTIC INFLIGHT MEAL (CTIM) IDENTIFICATION FORMS (MAC FORM 450)	13	56	-43
J7 PLACE IN-FLIGHT MEALS IN REFRIGERATOR	9	47	-38
J10 PREPARE OR MODIFY BITE-SIZE CTIM MEALS FOR PATIENTS ON THERAPEUTIC DIETS	7	35	-28
E61 TALLY PATIENT MENUS	43	71	-28
F2 ASSEMBLE BOX LUNCHES	29	56	-27
E34 PREPARE OR MAINTAIN CTIM TELEPHONE DIET ORDER FORMS (MAC FORM 44)	9	35	-26
J6 PACKAGE SANDWICH MEALS FOR IN-FLIGHT FEEDING	8	32	-24
G14 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING MODIFIED DIETS IN SUPPORT OF AEROMEDICAL EVACUATION	29	53	-24
I31 CLEAN POT AND PAN SINKS	42	9	+33
I50 DISPOSE OF TRASH	70	44	+26
I35 CLEAN STORAGE RACKS	45	20	+25
I6 CLEAN DISH MACHINES OR DISH MACHINE ROOMS (CLIPPERS)	50	26	+24
I30 CLEAN POT AND PAN RACKS	35	12	+23
I9 CLEAN FLOORS OR WALLS	72	50	+22
A15 ESTABLISH QUANTITIES OF FOOD TO BE ISSUED	33	11	+22
B25 RECEIVE OR RECONCILE CASH COLLECTIONS	27	6	+21
I38 CLEAN UTENSILS OR UTENSIL RACKS	38	17	+21
C18 INITIATE ACTION TO DISPOSE OF FOODS	26	6	+20

ANALYSIS OF TASK DIFFICULTY

From a listing of airmen identified for the 622X1 job survey, incumbents holding 7- and 9-skill levels from various commands and locations were selected to rate task difficulty. Tasks were rated on a nine-point scale from extremely low to extremely high difficulty, with difficulty defined as the length of time it takes an average incumbent to learn to do the task. Interrater agreement among the 44 raters was .96. Ratings were adjusted (standardized) so that tasks of average difficulty have ratings of 5.00.

Of the 482 tasks in the inventory, 268 were rated above average in difficulty. Table 18 lists those 21 tasks which are performed by 50 percent or more of the survey respondents. These 21 tasks are primarily technical in nature and deal for the most part with therapeutic food preparation. It should also be noted that 19 of these 21 tasks are performed by 50 percent or more of first enlistment personnel. Although they are not performing in very large percentages in the two most difficult duties (organizing and planning, and applying diet therapy and clinical nutrition), first enlistment airmen are not confined to performing routine simple tasks. Instead, they are actively involved in performing the more complex and difficult tasks related to their career ladder mission.

Of the 212 tasks rated as less than average in difficulty, 26 are performed by 50 percent or more of 622X1 respondents. These tasks are listed in Table 19. As would be expected, these tasks are basically technical tasks rather than supervisory tasks, and large percentages of first enlistment airmen perform them. The tasks appear to be more routine and pertain primarily to menu preparation, serving, and cleaning of food service facilities.

TABLE 18

TASKS RATED ABOVE AVERAGE IN DIFFICULTY WHICH ARE PERFORMED BY 50 PERCENT OR MORE OF
DAFSC 622X1 RESPONDENTS

TASKS	DIFFICULTY INDEX	PERCENT TOTAL SAMPLE MEMBERS PERFORMING	PERCENT FIRST ENLISTMENT MEMBERS PERFORMING
G7 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING FAT RESTRICTED OR CONTROLLED FAT CHOLESTEROL DIETS	6.22	58	64
G50 SELECT SUBSTITUTE FOODS HAVING EQUIVALENT NUTRITIVE VALUES	5.99	50	58
G3 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING CALORIE MODIFIED OR DIABETIC DIETS	5.88	61	67
G13 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING MINIMAL RESIDUE OR FIBER RESTRICTED DIETS	5.74	53	59
B1 ADJUST REGULAR OR THERAPEUTIC MENUS	5.68	59	57
K2 APPLY FOOD EXCHANGE LISTS TO DIETS	5.60	57	54
G4 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING DENTAL LIQUID OR DENTAL SOFT DIETS	5.56	59	65
G24 DETERMINE NOURISHMENT ITEMS FOR SPECIFIC DIETS	5.51	56	64
H9 INSPECT COMPLETED PATIENT TRAYS	5.49	69	74
G2 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING BLAND DIETS	5.44	61	69
K1 ADVISE PATIENTS IN SELECTING FOOD ITEMS FOR THEIR DIETS	5.44	51	46
G30 PREPARE OR MODIFY FOOD FOR CALORIE MODIFIED OR DIABETIC DIETS	5.38	56	72
E44 PREPARE OR UTILIZE SELECTIVE MENU (WHITE) FORMS (AF FORM 1737 OR AF FORM 1740)	5.38	55	51
G1 CALCULATE NUMBER OR AMOUNT OF EACH ITEM TO BE PREPARED FOR REGULAR OR THERAPEUTIC DIETS	5.31	64	75
G47 PREPARE OR MODIFY FOOD FOR SURGICAL ROUTINE DIETS SUCH AS GASTRECTOMY, LIQUID OR SOFT DIETS	5.21	52	68
G31 PREPARE OR MODIFY FOOD FOR DENTAL LIQUID OR DENTAL SOFT DIETS	5.18	57	77
K28 MAKE WARD ROUNDS OR VISITS	5.16	57	54
G29 PREPARE OR MODIFY FOOD FOR BLAND DIETS	5.15	53	69
F26 MAKE MENU ITEM SUBSTITUTIONS	5.06	55	56
G19 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING REGULAR HOSPITAL DIETS	5.05	59	66
C24 INSPECT FOOD BEFORE, DURING, AND AFTER PREPARATION	5.02	53	37

TABLE 19

TASKS RATED BELOW AVERAGE IN DIFFICULTY WHICH ARE PERFORMED BY 50 PERCENT OR MORE OF
DAFSC 622X1 RESPONDENTS

TASKS	DIFFICULTY INDEX	PERCENT		PERCENT FIRST ENLISTMENT MEMBERS PERFORMING
		TOTAL SAMPLE MEMBERS PERFORMING	MEMBERS	
F31 PREPARE CANNED FOOD	3.13	53		67
I50 DISPOSE OF TRASH	3.13	57		71
I9 CLEAN FLOORS OR WALLS	3.39	56		77
F51 WASH OR CLEAN FRUITS AND VEGETABLES	3.42	54		72
F22 MAKE COFFEE, TEA, OR COCOA	3.42	63		80
F23 MAKE GELATIN DESSERTS	3.44	53		70
I49 DISPOSE OF FOOD WASTES	3.44	51		68
I46 CLEAR AND CLEAN WORK TABLES AND AREAS	3.47	53		68
H35 WRAP OR COVER INDIVIDUAL SERVINGS OR NOURISHMENTS ON PATIENT TRAYS	3.51	53		68
I56 WASH DISHES, POTS, OR PANS	3.57	51		68
F6 COOK EGGS	3.61	61		82
F19 COVER, DATE, AND STORE LEFTOVER FOOD ITEMS	3.71	60		78
H34 VERIFY FOOD OR BEVERAGE SERVING TEMPERATURES	3.72	56		54
E1 COLLECT OR MAINTAIN DIET REQUEST FORMS (AF FORM 1094)	3.87	58		62
F36 PREPARE FRESH FRUITS OR VEGETABLES FOR COOKING OR SERVING	3.92	50		66
F4 COLLECT WARD DIET ORDER CHANGES AND PROVIDE THEM TO FOOD PRODUCTION PERSONNEL	3.97	63		76
H12 LOAD PATIENT TRAYS ONTO FOOD CARTS	4.11	61		80
F46 SAMPLE FOODS BY TASTE AND SMELL	4.13	58		61
F28 MAKE SALADS OTHER THAN GELATIN SALADS	4.35	52		69
H3 COMPLETE ASSEMBLY OF PATIENT TRAYS ON WARDS	4.52	53		68
H8 INITIATE PATIENT TRAY PREPARATION BY SETTING UP TRAYS OR CALLING OUT REQUIREMENTS	4.56	58		77
F40 PREPARE NOURISHMENTS (SNACKS)	4.62	58		72
G45 PREPARE OR MODIFY FOOD FOR REGULAR HOSPITAL DIETS	4.87	55		71
F11 COOK MEATS	4.91	50		64
G46 PREPARE OR MODIFY FOOD FOR SOFT OR CLEAN AND FULL LIQUID DIETS	4.94	56		74
G20 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING SOFT OR CLEAR AND FULL LIQUID DIETS	4.96	58		63

COMPARISON OF AFR 39-1 SPECIALTY DESCRIPTIONS WITH SURVEY DATA

The AFR 39-1 specialty descriptions for AFSCs 62231/62251 and AFSC 62271 were compared against the survey data. Both specialty descriptions are essentially complete and accurately portray the jobs performed by the personnel in this career ladder. All duties and responsibilities mentioned in the specialty descriptions could be matched to tasks in the job inventory, and sufficient numbers of survey respondents were found performing those functions to warrant their inclusion in the descriptions. However, no mention is made specifically to performing outpatient clinical dietetic tasks, especially those in support of the USAF Weight Control Program. Consideration should be given to including such tasks in future revisions of AFR 39-1.

COMPARISON OF THE SPECIALTY TRAINING STANDARD (STS) WITH SURVEY RESULTS

A review of the current STS 622X1, dated 6 December 1974, was made for the 3-, 5-, and 7-skill levels. Assistance was provided by subject matter specialists at the Technical Training School who matched inventory tasks with the STS tasks. Each of the STS subparagraphs containing task knowledge or performance requirements were compared to the survey results. Subparagraphs containing only general information or subject knowledge proficiency level requirements were not evaluated.

Overall, the STS appears to be up to date and complete in providing general training requirements. Most STS subparagraphs were supported by the survey data. However, consideration should be given to the applicability of maintaining STS paragraph 20, Field Kitchen and Equipment, in its present detail. The function is not listed in the AFR 39-1 Specialty Descriptions. Survey results indicate that less than three percent of the career ladder respondents perform any tasks related to cooking under field conditions and spend less than one percent of their total job time in this duty.

COMPARISON OF CURRENT SURVEY TO PREVIOUS SURVEY

The results of this survey were compared to those of Occupational Survey Report 90-622-114, dated October 1973. At the time of the first survey, AFSC 622X1 personnel were sampled together with Cook (AFSC 622X0) personnel.

A comparison of percent time spent on duties for the total survey sample of 62231/51/71 personnel in both studies reflected similar results (See Table 20). The only major difference between the results of the two surveys appears to be the differentiation of duties and tasks observed between 3- and 5-skill level personnel in the 1973 study. While there was a definite distinction in 3- and 5-skill level jobs in the previous study, no major differences between the two skill level groups were observed in this analysis.

Overall, the comparison revealed that the 622X1 career ladder has remained relatively unchanged, in terms of technical tasks performed by survey respondents. In addition, there is no evidence to suggest that supervisory duties and functions have been altered to any real degree.

TABLE 20

COMPARISON OF PERCENT TIME SPENT ON DUTIES BETWEEN PREVIOUS
AND CURRENT DAFSC 622X1 JOB INVENTORIES

DUTIES FROM PREVIOUS STUDY	PREVIOUS STUDY 622X1 RESPONDENTS (N=175)	CURRENT STUDY 622X1 RESPONDENTS (N=360)
A ORGANIZING AND PLANNING	7	7
B DIRECTING AND IMPLEMENTING	7	7
C INSPECTING AND EVALUATING	8	6
D TRAINING	2	2
E PERFORMING ADMINISTRATIVE FUNCTIONS	10	10
F PERFORMING MENU PRODUCTION	21	16
G PERFORMING THERAPEUTIC FOOD PREPARATION	15	14
H PREPARING SERVING LINES AND SERVING FOODS	8	11
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	7	13
J PERFORMING TASKS RELATED TO IN-FLIGHT FEEDING	1	1
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	6	8
L MAINTAINING STOREROOMS	7	5
M COOKING UNDER FIELD CONDITIONS	1	*

* Indicates less than 1%

SUMMARY OF BACKGROUND INFORMATION

Assignment to Career Ladder

Forty-two percent of the 622X1 survey respondents indicated they were initially assigned to the career ladder after completing resident technical training. Another 31 percent were retrainees who attended resident technical training. The percentage of any other means of entering the career ladder totaled three percent or less. However, 11 percent indicated they were assigned to the career ladder by other than the normal classification methods and six percent did not respond to the survey question.

Relative Job Satisfaction

Percentages responding to the various points of job interest and perceived utilization of talents and training for various AFMS groups within the career ladder are shown in Tables 21, 22, and 23. Because AFS 622X1 is a direct support career ladder containing personnel who are assigned to medical facilities, comparisons of job satisfaction are given for both direct support and medical AFSCs surveyed in 1977.

Only 40 percent of AFS 622X1 first enlistment respondents and 53 percent of those in their second enlistment found their jobs interesting. These figures are considerably below the average reported by these enlistment groups in the 1977 comparison samples. Respondents in the third and subsequent enlistment groups showed much higher job satisfaction, with 75 percent reporting they found their job interesting. This percentage was more in line with the feelings registered by incumbents in the comparison studies for 1977.

The responses for AFS 622X1 personnel in their second and subsequent enlistments concerning the extent to which the job utilizes their talents very closely parallel the responses in the comparative data from other specialties. However, first enlistment 622X1 airmen appear far more dissatisfied with the way their talents are being used. Fifty-four percent feel their talents are being utilized not at all or very little, which is nearly twice the percentage of respondents in this category for either the medical or direct support AFSCs sampled in 1977.

The perceived utilization of training by first enlistment AFS 622X1 personnel is also below that of the comparative samples. Sixty-four percent felt their training was being utilized fairly well or better. This figure rose to 80 percent or more for second and subsequent enlistment groups, which is closely in line with the responses from the comparison groups.

Reenlistment Intentions

The expressed intentions toward reenlistment by AFS 622X1 survey respondents are displayed in Table 24. It should be noted that although first enlistment 622X1 respondents displayed a much lower degree of job satisfaction compared to either of the comparative samples, their intention to reenlist is higher than for the 1977 groups. Reenlistment intentions for the second enlistment and career groups were in line with the 1977 data.

TABLE 21

EXPRESSION OF JOB INTEREST BY DAFSC 622X1 TAFMS GROUPS (PERCENT RESPONDING)

I FIND MY JOB	1-48 Months TAFMS		
	622X1	MEDICAL*	DIRECT SUPPORT**
		AFSCs	AFSCs
EXTREMELY DULL TO FAIRLY DULL	31	15	14
SO-SO	27	15	14
FAIRLY INTERESTING TO EXTREMELY INTERESTING	40	70	72
NO REPLY	2	-	-
	49-96 MONTHS TAFMS		
	622X1	MEDICAL*	DIRECT SUPPORT**
		AFSCs	AFSCs
EXTREMELY DULL TO FAIRLY DULL	16	14	16
SO-SO	28	11	16
FAIRLY INTERESTING TO EXTREMELY INTERESTING	53	75	68
NO REPLY	3	-	-
	97+ Months TAFMS		
	622X1	MEDICAL*	DIRECT SUPPORT**
		AFSCs	AFSCs
EXTREMELY DULL TO FAIRLY DULL	10	8	10
SO-SO	10	9	10
FAIRLY INTERESTING TO EXTREMELY INTERESTING	75	83	80
NO REPLY	5	-	-

* Based on a summary of 1,877 respondents from medical AFSCs surveyed in 1977.

** Based on a summary of 3,673 respondents from direct support AFSCs surveyed in 1977, such as 511X0, 611X0, 753X0, and 233X0.

Table 22

**EXPRESSION OF PERCEIVED UTILIZATION OF TALENTS BY
DAFSC 622X1 TAFMS GROUPS
(PERCENT RESPONDING)**

<u>MY JOB UTILIZES MY TALENTS</u>	<u>622X1</u>	<u>1-48 Months TAFMS</u>	
		<u>MEDICAL*</u> <u>AFSCs</u>	<u>DIRECT SUPPORT**</u> <u>AFSCs</u>
NOT AT ALL OR VERY LITTLE	54	30	28
FAIRLY WELL TO VERY WELL	41	62	63
EXCELLENTLY TO PERFECTLY	4	8	9
NO REPLY	1	-	-

	<u>622X1</u>	<u>49-96 Months TAFMS</u>	
		<u>MEDICAL*</u> <u>AFSCs</u>	<u>DIRECT SUPPORT**</u> <u>AFSCs</u>
NOT AT ALL OR VERY LITTLE	22	23	28
FAIRLY WELL TO VERY WELL	67	66	62
EXCELLENTLY TO PERFECTLY	11	11	10
NO REPLY	-	-	-

	<u>622X1</u>	<u>97+ Months TAFMS</u>	
		<u>MEDICAL*</u> <u>AFSCs</u>	<u>DIRECT SUPPORT**</u> <u>AFSCs</u>
NOT AT ALL OR VERY LITTLE	18	12	17
FAIRLY WELL TO VERY WELL	62	66	62
EXCELLENTLY TO PERFECTLY	19	22	21
NO REPLY	1	-	-

* Based on a summary of 1,911 respondents from medical AFSCs surveyed in 1977.

** Based on a summary of 3,786 respondents from direct support AFSCs surveyed in 1977, such as 511X0, 611X0, 753X0, and 233X0.

Table 23

EXPRESSION OF PERCEIVED UTILIZATION OF TRAINING BY DAFSC 622X1
TAFMS GROUPS
(PERCENT RESPONDING)

<u>MY JOB UTILIZES MY TALENTS</u>	<u>622X1</u>	<u>1-48 Months TAFMS</u>	
		<u>MEDICAL*</u> <u>AFSCs</u>	<u>DIRECT SUPPORT**</u> <u>AFSCs</u>
NOT AT ALL OR VERY LITTLE	36	17	25
FAIRLY WELL TO VERY WELL	62	69	64
EXCELLENTLY TO PERFECTLY	2	14	11
NO REPLY	-	-	-

	<u>622X1</u>	<u>49-96 Months TAFMS</u>	
		<u>MEDICAL*</u> <u>AFSCs</u>	<u>DIRECT SUPPORT**</u> <u>AFSCs</u>
NOT AT ALL OR VERY LITTLE	20	18	28
FAIRLY WELL TO VERY WELL	67	67	63
EXCELLENTLY TO PERFECTLY	13	15	9
NO REPLY	-	-	-

	<u>622X1</u>	<u>97+ Months TAFMS</u>	
		<u>MEDICAL*</u> <u>AFSCs</u>	<u>DIRECT SUPPORT**</u> <u>AFSCs</u>
NOT AT ALL OR VERY LITTLE	17	12	22
FAIRLY WELL TO VERY WELL	57	63	60
EXCELLENTLY TO PERFECTLY	24	25	18
NO REPLY	2	-	-

* Based on a summary of 1,913 respondents from medical AFSCs surveyed in 1977.

** Based on a summary of 3775 respondents from direct support AFSCs surveyed in 1977, such as 511X0, 611X0, 753X0, and 233X0.

Table 24

**REENLISTMENT INTENTIONS OF DAFSC 622X1 PERSONNEL
(PERCENT RESPONDING)**

REENLISTMENT INTENTIONS	First Enlistment		
	622X1	MEDICAL*	DIRECT SUPPORT**
		AFSCs	AFSCs
NO	28	40	31
UNCERTAIN, PROBABLY NO	24	22	27
UNCERTAIN, PROBABLY YES	28	25	28
YES	18	13	14
NO REPLY	2	-	-

	Second Enlistment		
	622X1	MEDICAL*	DIRECT SUPPORT**
		AFSCs	AFSCs
NO	18	20	18
UNCERTAIN, PROBABLY NO	16	12	16
UNCERTAIN, PROBABLY YES	23	32	30
YES	33	36	36
NO REPLY	10	-	-

	Career		
	622X1	MEDICAL*	DIRECT SUPPORT**
		AFSCs	AFSCs
NO	9	16	19
UNCERTAIN, PROBABLY NO	10	7	8
UNCERTAIN, PROBABLY YES	17	14	14
YES	61	63	59
NO REPLY	3	-	-

* Based on a summary of 1,899 respondents from medical AFSCs surveyed in 1977.

** Based on a summary of 3,606 respondents from direct support AFSCs surveyed in 1977, such as 511X0, 611X0, 753X0, and 233X0.

SUMMARY OF SELECTED BACKGROUND QUESTIONS

A series of background questions were included in the job inventory at the request of career ladder managers to gain a clearer impression of the perceptions of the personnel assigned to the Diet Therapy career ladder. A summary of the responses to these questions are included in the following paragraphs.

Favorable and Unfavorable Aspects of the Career Ladder

As illustrated in Table 25, there is no overwhelmingly favorable or unfavorable aspect about the Diet Therapy career ladder. As would be expected, perceptions of the career ladder change as individuals gain experience. However, perceptions of the unfavorable aspects appear more consistent across the AFMS groups than do the favorable aspects. Although these unfavorable aspects of the job obviously have a bearing on the reenlistment intentions of career ladder respondents, it should be stressed that 19 percent of first enlistment airmen view the most favorable aspect of the job as having good post-service employment opportunities. This factor in itself could account for some of the career field departures after the first enlistment.

Should AFSC 622X1 Be Changed to A Medical AFSC?

As reflected in Table 26, 59 percent of the total 622X1 sample responded "yes" to changing their AFSC to a medical AFSC. A general trend found in the responses reflected a rise in preference for a medical AFSC as time in service increases. However, it should be pointed out that 18 percent of the total sample showed no preference, while 16 percent did not respond to the question at all.

TABLE 25

**FAVORABLE AND UNFAVORABLE ASPECTS OF 622X1 CAREER LADDER
(PERCENT RESPONDING)**

<u>MOST FAVORABLE ASPECTS</u>	<u>MONTHS TAFMS</u>		
	<u>1-48</u> <u>MONTHS</u>	<u>49-96</u> <u>MONTHS</u>	<u>97+</u> <u>MONTHS</u>
NO SPECIFIC FAVORABLE ASPECTS	42	27	19
GOOD POST-SERVICE EMPLOYMENT OPPORTUNITIES	19	15	24
DESIRABLE ASSIGNMENT LOCATIONS	10	23	7
GOOD WORKING HOURS	8	7	-
STIMULATING JOB CHALLENGES	7	6	24
GOOD WORK ENVIRONMENT	6	3	3
SATISFYING PERSONAL REWARDS	3	12	9
GOOD PROMOTION OPPORTUNITIES	3	7	11
OTHER	2	0	3
<u>MOST UNFAVORABLE ASPECTS</u>			
POOR WORKING HOURS	18	19	22
EXCESSIVE AMOUNT OF JANITORIAL WORK	17	22	14
LACK OF JOB SATISFACTION	16	10	8
LOW PRESTIGE CAREER LADDER	14	9	22
SKILLS NOT UTILIZED	14	7	8
NO SPECIFIC UNFAVORABLE ASPECTS	6	7	13
UNPLEASANT WORK ENVIRONMENT	6	13	5
LACK OF PROMOTION OPPORTUNITY	5	13	4
OTHER	4	0	4

TABLE 26

**SHOULD AFSC 622X1 BE CHANGED TO A 9XXXX AFSC?
(PERCENT RESPONDING)**

<u>SHOULD AFSC 622X1 BE CHANGED TO A MEDICAL (9XXXX) AFSC?</u>	<u>MONTHS TAFMS</u>			
	<u>TOTAL</u> <u>SAMPLE</u>	<u>1-48</u> <u>MONTHS</u>	<u>49-96</u> <u>MONTHS</u>	<u>97+</u> <u>MONTHS</u>
YES, STRONGLY AGREE	51	39	44	67
YES, AGREE	8	8	10	6
NO, DISAGREE	4	5	6	3
NO, STRONGLY DISAGREE	3	3	6	2
NO PREFERENCE	18	26	19	10
NO REPLY	16	19	15	12

WRITE-IN COMMENTS PERTAINING TO THE
ALLADIN FOOD TRAY SYSTEM

Probably the most significant development to occur within the Diet Therapy career ladder in recent years has been the employment at some medical facilities of the Alladin Food Tray System. Telephone conversations with technical school personnel and incumbents in the field indicated a high degree of dissatisfaction with this system of preparing and serving patient meals. Write-in comments in the job inventory tend to support this contention. The following are representative comments from respondents in medical facilities employing the Alladin Food Tray System.

1. "I think that the Alladin system is wrong for first term airmen. In this system you don't use the skills you have learned. I think a person should be assigned to a regular hospital dining hall first so that first termers can get some experience in his or her skills."

2. "When I first came into this field I had hoped to become quite knowledgeable in dietary procedures. For the time that I have been in this field my only goal has been to crosstrain at the earliest possible time."

3. "I am presently trying to get out of the Air Force due to lack of use of my training and the appreciation and satisfaction of my job. There is a good tech school in the Air Force but it's too bad you cannot utilize the training."

4. "In the Alladin system I just pass out trays and talk to patients on menu planning."

5. One respondent said of his job, "It will do till something better comes up. We are on the Alladin Food Tray System."

Eighteen percent of the survey respondents indicated they worked under the Alladin Food Tray System. However, incumbents utilizing the system are not equally dispersed throughout the major air commands or various geographical locations to encompass all the variables that influence job satisfaction. Although write-in comments suggest that the Alladin system is viewed negatively by some personnel within the AFSC 622X1 career ladder, this report is not considered to be the proper place to address such an impact since the survey instrument only asked respondents to indicate if they worked in a medical facility which used the Alladin Food Tray system.

DISCUSSION

1. The Diet Therapy career ladder was found to be a fairly homogeneous career ladder in terms of both duties and tasks performed. Analysis of the job structure within the ladder revealed four major job groups whose members provide for the dietary care and feeding of patients in Air Force medical facilities. The career ladder, on the whole, is quite stable, as evidenced by the fact that the duties and tasks performed by diet therapy respondents have remained relatively unchanged over the years since the career ladder was last surveyed in 1973.

2. Review of the AFR 39-1 specialty descriptions and AFSC 622X1 Specialty Training Standard found these documents to be current, complete, and relevant to the career ladder. No major changes are suggested for either document, but there appears to be some question as to the requirement to train diet therapists in cooking under field conditions.

3. The low job satisfaction level among first and second enlistment respondents is a possible problem. Although reenlistment intentions are relatively high, this is not to say that these individuals will remain in the Diet Therapy career ladder. As was pointed out in the career ladder analysis, job satisfaction levels are higher in the Clinical Diet Therapist cluster where the job was more involved with diet therapy tasks. In the Menu Production/Patient Serving Cluster, where greater emphasis was found in more routine tasks not involved with diet therapy functions, job interest was lower. Therefore, consideration should be given to relieving diet therapists of some of the more routine tasks of menu production, patient serving, and cleaning of food service facilities and concentrating their responsibilities more in such areas as therapeutic food preparation and applying diet therapy and clinical nutrition.

APPENDIX A

GROUP ID NUMBER AND TITLE: SPL040 - MENU PRODUCTION/PATIENT SERVING PERSONNEL

NUMBER IN GROUP: 172

PERCENT OF SAMPLE: 48%

LOCATION: CONUS (86%), OVERSEAS (14%)

DAFSC DISTRIBUTION: 62231 (10%), 62251 (81%), 62271 (9%)

AVERAGE GRADE: 3.9

AVERAGE TIME IN CAREER FIELD: 42 MONTHS

AVERAGE TIME IN SERVICE: 64 MONTHS

PERCENT MEMBERS IN FIRST ENLISTMENT: 59%

AMOUNT OF SUPERVISION: 80 PERCENT DO NOT SUPERVISE

EXPRESSED JOB INTEREST: DULL (24%), SO-SO (25%), INTERESTING (50%),
NOT REPORTED (1%)

PERCEIVED UTILIZATION OF TALENTS: LITTLE OR NOT AT ALL (40%)
FAIRLY WELL OR BETTER (59%)
NOT REPORTED (1%)

PERCEIVED UTILIZATION OF TRAINING: LITTLE OR NOT AT ALL (29%)
FAIRLY WELL OR BETTER (71%)

AVERAGE NUMBER OF TASKS PERFORMED: 180

TIME SPENT ON DUTIES:

<u>DUTY</u>	<u>AVERAGE TIME SPENT BY ALL MEMBERS</u>
F PERFORMING MENU PRODUCTION	23
G PERFORMING THERAPEUTIC FOOD PREPARATION	19
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	19
H PREPARING SERVING LINES AND SERVING FOODS	16
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	6

GROUP DIFFERENTIATING TASKS:

TASKS

H12 LOAD PATIENT TRAYS ONTO FOOD CARTS
F6 COOK EGGS
F22 MAKE COFFEE, TEA, OR COCOA
G45 PREPARE OR MODIFY FOOD FOR REGULAR HOSPITAL DIETS
I9 CLEAN FLOORS OR WALLS

GROUP ID NUMBER AND TITLE: SPL041 - CLINICAL DIET THERAPISTS

NUMBER IN GROUP: 28

PERCENT OF SAMPLE: 8%

LOCATION: CONUS (82%), OVERSEAS (18%)

DAFSC DISTRIBUTION: 62231 (18%), 62251 (57%), 62271 (25%)

AVERAGE GRADE: 4.3

AVERAGE TIME IN CAREER FIELD: 59MONTHS

AVERAGE TIME IN SERVICE: 93 MONTHS

PERCENT MEMBERS IN FIRST ENLISTMENT: 32%

AMOUNT OF SUPERVISION: 43 PERCENT SUPERVISE AN AVERAGE OF FOUR SUBORDINATES

EXPRESSED JOB INTEREST: DULL (18%), SO-SO (14%), INTERESTING (68%)

PERCEIVED UTILIZATION OF TALENTS: LITTLE OR NOT AT ALL (28%)
FAIRLY WELL OR BETTER (72%)

PERCEIVED UTILIZATION OF TRAINING: LITTLE OR NOT AT ALL (21%)
FAIRLY WELL OR BETTER (79%)

AVERAGE NUMBER OF TASKS PERFORMED: 112

TIME SPENT ON DUTIES:

DUTY

AVERAGE TIME SPENT
BY ALL MEMBERS

PERFORMING THERAPEUTIC FOOD PREPARATION	29
K APPLYING DIET THERAPY AND CLINICAL NUTRITION	19
E PERFORMING ADMINISTRATIVE FUNCTIONS	10
H PREPARING SERVING LINES AND SERVING FOODS	10
F PERFORMING MENU PRODUCTION	8

GROUP DIFFERENTIATING TASKS:

TASKS

G19 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING REGULAR HOSPITAL DIETS

E44 PREPARE OR UTILIZE SELECTIVE MENU (WHITE) FORMS (AF FORM 1737 OR AF FORM 1739)

G1 CALCULATE NUMBER OR AMOUNT OF EACH ITEM TO BE PREPARED FOR REGULAR OR THERAPEUTIC DIETS

G3 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING CALORIE MODIFIED OR DIABETIC DIETS

G7 DETERMINE FOOD MODIFICATIONS AND INDICATIONS FOR USING FAT RESTRICTED OR CONTROLLED FAT CHOLESTEROL DIETS

GROUP ID NUMBER AND TITLE: GRPSPL043 - MEDICAL FOOD SERVICE NCOICs

NUMBER IN GROUP: 64

PERCENT OF SAMPLE: 18%

LOCATION: CONUS (81%), OVERSEAS (19%)

DAFSC DISTRIBUTION: 62251 (13%), 62271 (81%), 62291 (3%), NOT REPORTED (3%)

AVERAGE GRADE: 6.0

AVERAGE TIME IN CAREER FIELD: 117 MONTHS

AVERAGE TIME IN SERVICE: 182 MONTHS

PERCENT MEMBERS IN FIRST ENLISTMENT: NONE

AVERAGE NUMBER OF PERSONNEL SUPERVISED: 89 PERCENT SUPERVISE AN AVERAGE
OF 9 SUBORDINATES

EXPRESSED JOB INTEREST: DULL (2%), SO-SO (9%), INTERESTING (81%),
NOT REPORTED (8%)

PERCEIVED UTILIZATION OF TALENTS: LITTLE OR NOT AT ALL 9%
FAIRLY WELL OR BETTER 89%
NOT REPORTED 2%

PERCEIVED UTILIZATION OF TRAINING: LITTLE OR NOT AT ALL 8%
FAIRLY WELL OR BETTER 89%
NOT REPORTED 3%

AVERAGE NUMBER OF TASKS PERFORMED: 149

TIME SPENT ON DUTIES:

DUTY

AVERAGE TIME SPENT
BY ALL MEMBERS

A	ORGANIZING AND PLANNING	18
E	PERFORMING ADMINISTRATIVE FUNCTIONS	18
C	INSPECTING AND EVALUATING	16
B	DIRECTING AND IMPLEMENTING	15
K	APPLYING DIET THERAPY AND CLINICAL NUTRITION	9

GROUP DIFFERENTIATING TASKS:

TASKS

C26 INSPECT PERSONNEL FOR HYGIENE, GROOMING OR MILITARY STANDARDS
C24 INSPECT FOOD BEFORE, DURING, AND AFTER PREPARATION
B4 COUNSEL OR DOCUMENT COUNSELING OF SUBORDINATES ON PERSONAL
OR WORK RELATED PROBLEMS
A8 DEVELOP OR IMPROVE WORK METHODS
B28 PLAN OR SCHEDULE ON-THE-JOB TRAINING (OJT)

GROUP ID NUMBER AND TITLE: GRP044 - STOREROOM CLERKS

NUMBER IN GROUP: 27

PERCENT OF SAMPLE: 7%

LOCATION: CONUS (89%), OVERSEAS (11%)

DAFSC DISTRIBUTION: 62231 (7%), 62251 (67%), 62271 (22%), NOT REPORTED (4%)

AVERAGE GRADE: 4.7

AVERAGE TIME IN CAREER FIELD: 58 MONTHS

AVERAGE TIME IN SERVICE: 104 MONTHS

PERCENT MEMBERS IN FIRST ENLISTMENT: 19%

AVERAGE NUMBER OF PERSONNEL SUPERVISED: 48 PERCENT SUPERVISE AN AVERAGE
OF 4 SUBORDINATES

EXPRESSED JOB INTEREST: DULL (15%), SO-SO (18%), INTERESTING (56%),
NOT REPORTED (11%)

PERCEIVED UTILIZATION OF TALENTS: LITTLE OR NOT AT ALL 26%
FAIRLY WELL OR BETTER 74%

PERCEIVED UTILIZATION OF TRAINING: LITTLE OR NOT AT ALL 18%
FAIRLY WELL OR BETTER 82%

AVERAGE NUMBER OF TASKS PERFORMED: 82

TIME SPENT ON DUTIES:

<u>DUTY</u>	<u>AVERAGE TIME SPENT BY ALL MEMBERS</u>
L MAINTAINING STOREROOMS	36
E PERFORMING ADMINISTRATIVE FUNCTIONS	13
C INSPECTING AND EVALUATING	10
B DIRECTING AND IMPLEMENTING	9
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	8

GROUP DIFFERENTIATING TASKS:

TASKS

L15 PREPARE STOREROOMS FOR INVENTORIES
L8 ISSUE FOOD ITEMS
C29 INVENTORY SUBSISTENCE ITEMS
E4 COMPILE REPORTS OR RECORDS FROM DATA ON FOOD SERVICE FORMS
A15 ESTABLISH QUANTITIES OF FOOD TO BE ISSUED

APPENDIX B

GROUP ID NUMBER AND TITLE: SPL006 DAFSC 62251 AIRMEN ASSIGNED TO CONUS

NUMBER IN GROUP: 195

PERCENT OF SAMPLE: 54%

LOCATION: CONUS (100%)

AVERAGE GRADE: 3.95

AVERAGE TIME IN CAREER FIELD: 43 MONTHS

AVERAGE TIME IN SERVICE: 64 MONTHS

PERCENT MEMBERS IN FIRST ENLISTMENT: 51%

AVERAGE NUMBER OF PERSONNEL SUPERVISED: 75% DO NOT SUPERVISE

EXPRESSED JOB INTEREST: DULL (24%), SO-SO (23%), INTERESTING (50%),
NOT REPORTED (3%)

PERCEIVED UTILIZATION OF TALENTS: LITTLE OR NOT AT ALL 40%
FAIRLY WELL OR BETTER 59%
NOT REPORTED 1%

PERCEIVED UTILIZATION OF TRAINING: LITTLE OR NOT AT ALL 30%
FAIRLY WELL OR BETTER 70%

AVERAGE NUMBER OF TASKS PERFORMED: 135

TIME SPENT ON DUTIES:

<u>DUTY</u>	<u>AVERAGE TIME SPENT BY ALL MEMBERS</u>
F PERFORMING MENU PRODUCTION	19
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	16
G PERFORMING THERAPEUTIC FOOD PREPARATION	15
H PREPARING SERVING LINES AND SERVING FOODS	13
E PERFORMING ADMINISTRATIVE FUNCTIONS	8

GROUP DIFFERENTIATING TASKS:

TASKS

I31 CLEAN POT AND PAN SINKS
I50 DISPOSE OF TRASH
I35 CLEAN STORAGE RACKS
A15 ESTABLISH QUANTITIES OF FOOD TO BE ISSUED
B25 RECEIVE OR RECONCILE CASH COLLECTIONS

GROUP ID NUMBER AND TITLE: SPL007 DAFSC AIRMEN ASSIGNED OVERSEAS

NUMBER IN GROUP: 34

PERCENT OF SAMPLE: 9%

LOCATION: OVERSEAS (100%)

AVERAGE GRADE: 4.11

AVERAGE TIME IN CAREER FIELD: 52 MONTHS

AVERAGE TIME IN SERVICE: 74 MONTHS

PERCENT MEMBERS IN FIRST ENLISTMENT: 44%

AVERAGE NUMBER OF PERSONNEL SUPERVISED: 79% DO NOT SUPERVISE

EXPRESSED JOB INTEREST: DULL (21%), SO-SO (35%), INTERESTING (44%)

PERCEIVED UTILIZATION OF TALENTS: LITTLE OR NOT AT ALL 35%
FAIRLY WELL OR BETTER 65%

PERCEIVED UTILIZATION OF TRAINING: LITTLE OR NOT AT ALL 27%
FAIRLY WELL OR BETTER 70%
NOT REPORTED 3%

AVERAGE NUMBER OF TASKS PERFORMED: 140

TIME SPENT ON DUTIES:

<u>DUTY</u>	<u>AVERAGE TIME SPENT BY ALL MEMBERS</u>
F PERFORMING MENU PRODUCTION	22
G PERFORMING THERAPEUTIC FOOD PREPARATION	21
H PREPARING SERVING LINES AND SERVING FOODS	14
E PERFORMING ADMINISTRATIVE FUNCTIONS	11
I CLEANING AND MAINTAINING FOOD SERVICE FACILITIES	10

GROUP DIFFERENTIATING TASKS:

TASKS

J4 MARK AND DATE STAMP PREPARED FOODS
J2 ASSEMBLE IN-FLIGHT MEALS
E25 PREPARE COOKED THERAPEUTIC IN-FLIGHT MEAL (CTIM) IDENTIFICATION
FORMS (MAC FORM 450)
J7 PLACE IN-FLIGHT MEALS IN REFRIGERATOR
F2 ASSEMBLE BOX LUNCHES

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